Meeting of the States Parties to the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction

26 July 2018

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2018 Meeting
Geneva, 4-7 December 2018
Meeting of Experts on Assistance, Response and Preparedness

Geneva, 14-15 August 2018
Item 8 of the provisional agenda
Exploration of approaches by which States Parties, individually or collectively, might contribute to the strengthening of international response capabilities for infectious disease outbreaks, whether natural or deliberate in origin

The United Kingdom public health rapid support team concept

Submitted by the United Kingdom of Great Britain and Northern Ireland

I. Introduction

1. In a UK Working Paper to the 2015 Meeting of Experts,[1] we noted that one of the key lessons from the West African Ebola virus disease (EVD outbreak was the need for rapid response teams. We also reported that the United Kingdom was developing plans to establish a more robust national rapid response workforce for public health emergencies and intended to establish a new group of six to ten expert staff. This would consist mainly of epidemiologists, infection control specialists and infection control doctors – who would be on permanent standby, ready to deploy to help countries respond to disease outbreaks.

2. A UK Public Health Rapid Support Team (UK-PHRST) became operational in November 2016 and has deployed on several occasions since then. The UK has made £20 million available from its development assistance budget to fund the team over five years. Public Health England and the London School of Hygiene and Tropical Medicine, with the University of Oxford and King's College London serving as academic partners, jointly run the team. This short note summarises the concept, deployments thus far and highlights some lessons learned. It concludes with a recommendation for possible inclusion in the 2018 Meeting of States Parties' report.

[1] BWC/MSP/2015/MX/WP2, 6 July 2015.

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II. Public Health Rapid Support Team

3. UK-PHRST consists of public health experts, scientists and academics, and is on stand-by to tackle outbreaks of infectious disease anywhere in the world within 48 hours. The team is on call to respond to urgent requests and fly in to help tackle disease outbreaks at source.[2] The ability to deploy emergency support to investigate and respond to disease outbreaks in low and middle income countries within 48 hours will save lives and prevent further outbreaks. Speed is key in tackling infectious disease as outbreaks can spread rapidly, including across borders. Halting diseases at source is the most effective way to protect people in the affected country, regionally and globally. UK-PHRST focuses on three objectives:

- Saving lives and outbreak response;
- Innovative research to generate evidence on best practices for outbreak control; and,
- Capacity building for outbreak response in low and middle-income countries eligible for UK Government Support.

UK-PHRST works to address the emergencies that may happen today, but also to understand how to make our future responses more effective. We want to build capacity so responses can come more from within the affected countries or region. Ultimately, of course, our goal is to strengthen the health systems so that outbreaks never occur at all.[3]

4. It is vital that we help strengthen vulnerable countries to detect and respond quickly to disease outbreaks. This means the world will be better prepared to prevent future epidemics. Informed by surveillance data, the UK-PHRST deploys on behalf of UK government in response to requests from low- and middle-income countries, as well as through the WHO and the Global Outbreak and Response Network (GOARN). The criteria for deployment are: an invitation by international bodies (WHO GOARN, EU, European Centre for Disease Prevention and Control; a bilateral request from an affected country; and in support of UK-MED and Emergency Medical Teams[4] responding to outbreaks of emerging diseases and complex humanitarian emergencies.[5]

5. When not responding to a disease outbreak, the team studies how best to deal with different types of outbreak. They will also create and train a group of public health reservists to make sure the UK is able to scale up its response to any disease outbreak or health emergency.

6. The team works in partnership with host countries and other international responders to control an outbreak as quickly as possible, but also to help countries to develop their own capacity for improved and rapid national response to future disease outbreaks. This involves working with counterparts in developing countries to train local response teams to identify and control disease outbreaks with minimal need for outside support. A key objective is long-term capacity building to prevent and respond to outbreaks in low and middle-income countries in West and East Africa and in Asia.

7. The multidisciplinary team has a *'One Health'* focus and includes experts in:

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[2] https://www.gov.uk/government/news/uk-team-of-health-experts-to-tackle-global-disease-outbreaks, 1 November 2016.

[3] https://www.lshtm.ac.uk/newsevents/expert-opinion/how-does-uk-public-health-rapid-support-team-investigate-and-respond

[4] https://www.uk-med.org/?page_id=1366

[5] https://www.phaa.net.au/documents/item/2218

- Tracking the progress of an outbreak (epidemiologists)
- Diagnosing the cause of an outbreak (microbiologists)
- Advising on outbreak control measures (infection prevention and control)
- Community responses to outbreaks (social scientists)
- Developing the best clinical response measures (clinical researchers).

8. Training of team personnel is a central part of the rapid response process and helps ensure effectiveness in the field as well as the safety of the team. It includes core pre-deployment training; specialist training on issues such as emergency preparedness and response and capacity building in the UK and overseas, such as on sustainability where 'train the trainer' efforts play an important part.

9. Since April 2017, the UK PHRST has deployed members on seven separate occasions. These were to Ethiopia (outbreak of Acute Watery Diarrhoea), Nigeria (Meningitis outbreak), Sierra Leone (cholera risk), Madagascar (plague outbreak), Bangladesh (Diptheria outbreak), Nigeria (Lassa fever outbreak) and to the Democratic Republic of Congo (DRC) to support the outbreak of EVD. In the Nigerian Lassa fever outbreak, the UK-PHRST team deployment included an expert in patient management, two epidemiologists and a logistician. The team provided technical and analytical support for the public health response to control the outbreak, and assisted important research on Lassa fever that can provide insight for controlling the disease in the future. The team worked alongside the Nigerian Centre for Disease Control, the World Health Organisation, and other experts in outbreak control to support the Nigerian government's response.[6] In the DRC case, the three team members deployed included two epidemiologists) and a data scientist. The team was expected to remain in the DRC for around six weeks, to help track the spread of the outbreak, and provide support in establishing robust data systems that will help align crucial information gathering.[7]

III. Lesson learned to date

10. During the plague outbreak in Madagascar, UK-PHRST saw the importance of working with various local and international partners on research priorities in the context of an epidemic. In this case it was able to establish a study of the pulmonary form of plague to better distinguish that disease from other respiratory diseases that initially look like plague but turn out to be other more common and usually less serious diseases. The results of this study will help to identify more rapidly the people who have plague and provide the medical care that they need, thereby reducing onward transmission.

11. UK-PHRST needs to build bridges and collaborations across the vast biomedical and public health expertise within the UK in government, academia and the private sector. It thus engages in numerous training and capacity building endeavours, which includes work in Sierra Leone, Ethiopia, and elsewhere. For example, it is working with the Sierra Leone College of Medicine and Allied Health Sciences to support a new Masters of Public Health course, which encompasses, amongst many other things, training in epidemiology

[6] https://www.wired-gov.net/wg/news.nsf/articles/UK+Public+Health+Rapid+Support+Team+deploys+to+Nigeria+27022018161000?open

[7] https://www.gov.uk/government/news/ebola-outbreak-uk-public-health-rapid-support-team-deploys-to-drc

and biostatistics—key knowledge areas for effective outbreak control. The goal is to create a generation of local experts that will be able to prevent and control outbreaks with minimal need for outside support.

12. Some specific issues on operational effectiveness include:

(a) The need to ensure that visas carry the necessary access authorities beyond the standard business or tourist visas. New visa requirements obliged a PHRST team to adapt the work plan to the visa requirements, and required staff in country to adapt to the new situation, and ensure that the problems encountered were addressed through the right channels.

(b) There were recurrent problems with team laptops, particularly if there were IT issues that needed IT support out of hours, or for anything that required administrator rights (e.g. downloading and installing of particular software used in the response, configuring computers to log on to secure networks of other organisations etc.). Specific field deployment laptops have now been provided. In addition, specific IT training to solve Public Health England specific issues on the field has been provided to the core PHRST deployable team.

(c) Coordination and roles in country: The relatively large number of people deployed in one case through GOARN and other mechanisms represented a coordination challenge for both the WHO Country Office and the individuals themselves. While specific Terms of Reference are not expected (and not often advisable) in the early phase of an epidemic, the high volume of deployed persons may make skill matching of individuals more difficult. Thus more clarity on activities to be undertaken, and on the roles and responsibilities of all individuals deployed may help avoid duplication of work.

(d) A need for streamlining of general pre-deployment, deployment and post-deployment processes was identified and has subsequently been discussed with GOARN.

IV. Recommendation

13. The following might be a recommendation that the Meeting of States Parties include in their report:

> *'Those States Parties in a position to so should establish small public health rapid response teams to help combat an outbreak of infectious disease and consider putting them on the new interactive Assistance and Cooperation Database under the Emergency Response and Assistance category. Such response teams could serve as a resource that can be invited by other states to deploy in the event of a public health emergency as well as a resource to assist capacity building efforts in this area.'*

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Item 5 of the provisional agenda
A set of guidelines and formats to assist a State Party, if required, when submitting an application for assistance in the framework of Article VII

Implementation of Article VII

Submitted by South Africa

I. Introduction

1. In 2014, 2015 and at the Eighth Review Conference, South Africa submitted papers containing proposals on the implementation of Article VII. The paper has continuously been refined to incorporate comments made by State Parties.

2. South Africa is re-submitting the refined proposals in this paper as a number of States Parties have indicated their support for the proposals. South Africa is willing to engage further with States Parties on the proposals contained herein.

II. Discussion

3. Article VII of the BTWC requires States Parties to "provide or support assistance, in accordance with the United Nations Charter, to any State Party to the Convention which so requests, if the Security Council decides that such a Party has been exposed to danger as a result of violation of the Convention".

Objective

4. The primary objective of Article VII is to provide assistance to a State Party that has been exposed as a result of a violation of the Convention. Therefore, the sole purpose of the assistance provided in terms of this Article should be humanitarian in nature.

5. The following can be deduced from the requirements of Article VII:

- The Article requires that the request for assistance be forwarded to the United Nations Security Council (UNSC) and the provision for assistance would be dependent on a decision by the Security Council
- The Article does not elaborate on whether that decision would be based on an investigation or the credibility of the information provided to the UNSC in the request for assistance
- Any issues related to an investigation would not be covered under this Article. Whilst it is accepted that an investigation should follow the provision for assistance, the investigation would not be invoked by this Article, but by Article VI.

State Party Options

6. A State Party should have three options to obtain assistance when it has been subjected to the alleged use of biological weapons, and should be able to utilise as many of these options as it deems necessary. The State Party may:

- Obtain assistance on a bilateral basis from other States Parties, States or International Organisations (WHO, OIE, FAO) without invoking Article VII of the Convention;
- Request assistance from other States Parties without invoking Article VII of the Convention. States Parties that are in a position to do so may provide assistance without UNSC approval. In this regard, an agreement by States Parties at the Review Conference would be required; and
- Request assistance from the UNSC in accordance with Article VII of the Convention. If the request is approved by the UNSC, States Parties would be obliged to provide assistance.

III. Application for assistance

7. While it is accepted that an investigation of alleged use should follow the provision of assistance, that should not hamper the humanitarian objective of this Article. Furthermore, an investigation of alleged use may take so long that the provision of assistance will be too late when finally approved.

Guidelines

8. Information accompanying the request for assistance would be useful to States Parties in their preparation to provide assistance, although such information should not be a prerequisite for the provision of such assistance.

9. In the case when assistance is requested from the UNSC, the information provided with the request for assistance will play a crucial role in helping the UNSC to make a prompt decision. The quicker the decision is made, the faster the provision of assistance. The requesting process followed to apply for assistance as well as the information provided to support the application is the prerogative of the State Party requiring the assistance.

10. The following information could be useful to the UNSC in making a decision:

(a) Name of the State Party.

(b) National Point of Contact of the State Party.

(c) Date and place of first reported case. If there was a related event, a description of the event. To the extent possible, the date and time, when the alleged event(s) took place and/or became apparent to the requesting State Party and, if possible, the duration of the alleged event(s).

(d) Severity of the event. Number of cases and the number of fatalities, if any.

(e) Symptoms and signs – diagnosis if possible. Information on the initial treatment and the preliminary results of the treatment of the disease.

(f) A description of the area involved.

(g) All available epidemiological information.

(h) Actions taken to manage the outbreak.

(i) International organisations already involved in the provision of assistance.

(j) States already involved in the provision of assistance.

(k) Indications of why the outbreak is considered to be the result of a biological attack.

(l) Characteristics of the agent involved, if available.

(m) Types and scope of assistance required.

(n) Indication of any investigations conducted or being conducted.

(o) Contact details for coordination of assistance if different from National Point of Contact.

(p) Licensing requirements for health care personnel and measures to address such requirements.

(q) Immigration processes for personnel and equipment for the provision of assistance.

IV. Command and control

Principle

11. The State Party remains primarily responsible for the health care of its population, hence it should be in overall control of all response activities.

Guideline on Levels of Response

12. The level of response will depend on the nature of the disease, the geographical area where the outbreak occurred, the status of the public health system of the State and the potential of international effects. Generally, it can be accepted that the health systems (human, veterinary and plant) of the State would always be the first line of response. Responses from neighbouring states, and regional and international actors would be determined by the factors listed above.

13. International organisations, particularly the World Health Organisation (WHO) and World Organisation for Animal Health (OIE) would become involved at an early stage due to their presence and their involvement with States. In most cases, assistance in accordance with Article VII would be additional to and following the assistance provided by

international organisations. The State may at any time request an international organisation (WHO, OIE) or other States to assume command on its behalf.

Licensing of Medical Personnel

14. The requesting State Party should provide temporary licenses to health care personnel upon arrival if required.

V. Laboratory samples

Guideline

15. The existing procedures for sample handling should be utilised during Article VII assistance. The State Party remains the owner of all samples collected during the provision of assistance.

VI. Conclusion

16. It is proposed that a set of guidelines be developed and maintained at the ISU to aid a State Party, if required for the application for, and implementation of assistance in case of alleged use of biological weapons against it.

17. The guidelines above could be useful in this regard. The guidelines could be updated as and when required to maintain relevance.

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Procedures, including the establishment and use of the assistance database, to improve the prompt and efficient response without preconditions to a request of assistance by a State Party under Article VII, and coordination and cooperation among States Parties and with relevant international and regional organizations such as World Health Organization (WHO), World Organisation for Animal Health (OIE), Food and Agriculture Organization (FAO), as appropriate

Provision of assistance to a State Party that has been exposed as a result of a violation of the Convention

Submitted by South Africa

I. Introduction

1. South Africa submitted two papers during the previous intersessional process, as well as the 8th Review Conference in which guidelines for information to be submitted by a State Party requesting assistance in terms of Article VII have been proposed.

2. Although the substantial proposals in the papers have not been discussed during these meetings, a number of States Parties have voiced opposition to the fact that the United Nations Security Council (UNSC) must approve assistance, as directed in Article VII.

3. A number of States Parties supported a view that a State Party (SP) should be able to request assistance privately, without seeking the approval of the UNSC.

4. South Africa believes that it is the right of a State Party to seek assistance privately without obtaining UNSC approval. However, it must be noted that such an action would not be in terms of Article VII and therefore, the obligations of Article VII would not apply.

5. If States Parties want to come to an agreement that an application for assistance, independent of UNSC approval, in terms of Article VII is acceptable, then a number of issues would have to be clarified and decided upon by States Parties.

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II. Application for assistance, independent of Unsc approval, by a State Party that has been exposed as a result of a violation of the Convention

6. An application for assistance, without UNSC approval, by a State Party (SP) who believes it has been exposed to biological weapons raises a number of questions such as:

(a) To whom does the State Party submit its application for assistance? To each State Party individually, to the United Nations (UN) or the Implementation Support Unit (ISU)?

(b) If it is to the UN, to whom in the UN? This would mean that a UN agreement would need to be obtained.

(c) If it is to the ISU, then the ISU would have to be mandated accordingly.

(d) Would the requested States Parties be under obligation to provide assistance or would they provide assistance on a voluntary basis?

(e) Who would coordinate the assistance activities?

(f) What would be the role of the international organisations? What would the relationships be?

III. Information to be supplied

7. South Africa would require information on the following when requested for assistance:

(a) The nature of the situation that requires assistance: Is it a single event or a disease outbreak?

(b) The area in the requesting State Party where assistance is required.

(c) The type of assistance and number of personnel and equipment required.

(d) Reasons why the requesting State Party believes that the event/outbreak is a result of a violation of the Convention.

(e) Confirmation on whether the requesting State Party has notified the UNSC and requested an investigation of alleged use

(f) The arrangements or procedures put in place for health care professionals to conduct their work legally in the requesting State Party.

(g) International organisations that are already involved and the relationships between the participants.

(h) Command and Control and where the team would fit in, including channels of command.

(i) Logistics

- Would the requesting State Party provide transport to its border?
- Transport, accommodation and subsistence to be provided by the requesting State Party.
- How samples would be handled.

(j) A description of the security situation in the requesting State Party and how the safety and security of personnel would be ensured.

(k) The relationships with any forensic or other legal investigations ongoing.

IV. Concluding remarks

8. The list above is not exhaustive and it is accepted that it may be expanded and refined as a result of discussion.

9. South Africa hopes that sufficient time could be found for proper discussion of this paper to help States Parties in the strengthening the implementation of Art VII of the Convention.

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Practical challenges facing the implementation of Article VII, and possible solutions

Recent International Developments Relevant to Article VII

Submitted by the United States of America

Summary

Since the last intersessional process, a variety of international organizations and other entities have taken steps that contribute to capacity development at the national level, to capacity assessment and needs identification, to effective international response to disease outbreaks, and specifically to response to deliberate events. In order to effectively strengthen assistance under Article VII, promote preparedness, and ensure swift and coordinated response, BWC States Parties should recognize the potential contribution made by these efforts, and take them into account in developing potential solutions to the issues mandated to this Meeting of Experts.

1. At the 2017 Meeting of States Parties, delegates to the Biological and Toxins Weapons Convention (BWC) agreed to a series of meetings over the next few years focused on Article VII and on the related issues of increasing preparedness and national response capability. Topics to be covered include practical challenges to implementation of Article VII, guidelines for requesting assistance, procedures for providing assistance when requested, how mobile biomedical units might contribute to response, how States Parties might strengthen response capabilities, and how to prepare for and respond to deliberate use of biological agents against agriculture, livestock or the environment. This current focus builds on the work of the 2014 and 2015 intersessional meetings on opportunities to strengthen implementation of Article VII.

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2. The global community came together in 2014 to respond to the West Africa Ebola outbreak -- a response that highlighted the challenges in mounting an international response to a disease event, and presented a series of lessons that local, national, international, and inter-governmental actors have been working hard to address. Subsequently, there has been a series of public health events requiring coordinated global assistance, including the ongoing threat of Middle East Respiratory Syndrome (MERS) in the Middle East and the spread of the coronavirus to South Korea in 2015; the emergence of Zika virus in the Americas and associated congenital abnormalities; the outbreak of plague in Madagascar, focused in urban areas; and the public health challenges associated with chemical weapons use in Syria. Polio is still declared a Public Health Emergency of International Concern by the World Health Organization (WHO), and as of this writing, the latest outbreak of Ebola in the Democratic Republic of the Congo remains active. These ongoing public health challenges highlight the importance of capacity building efforts to strengthen national level capabilities to prevent, detect and respond to infectious disease threats. These capacities are paramount for preparedness for a deliberate biological event.

3. While nations work to strengthen their public health infrastructure to respond to naturally occurring disease events, it is clear that entities at all levels are far from ready to address the myriad of challenges associated with a deliberate biological release. Over the past two years, however, there have been a number of activities aimed to improve global health security, in general, and response to deliberate biological events, in particular. Below is a select set of such activities. BWC States Parties should seek to draw upon, rather than duplicating, these efforts as they seek to fulfill the goals of Article VII.

Building National Capacities for Detection and Response:

GHSA 2024: In October 2017, the Global Health Security Agenda (GHSA) Ministerial Meeting was held in Kampala, Uganda, where more than 40 GHSA member countries supported extension of the GHSA until 2024. The next phase of GHSA will build on the first five years to identify and achieve health security goals, including through increased meaningful engagement with all relevant partners, accountability, multisectoral approaches, and sustainable financing to strengthen capacity to prevent, detect and respond to infectious disease threats, whether natural, deliberate, or accidental. (For more information, see https://www.ghsagenda.org/ghsa2024)

- **FAO Emergency Management Centre for Animal Health:** the Food and Agriculture Organization's Emergency Management Centre for Animal Health adopted a new name and an expanded role under a new Strategic Action Plan in 2017. It has begun an effort to update FAO's "Good Emergency Management Practices" (GEMP) guide, and to develop training materials to assist countries in developing these capacities.

Assessing Capacities and Identifying Needs:

- **Joint External Evaluation (JEE):** The Joint External Evaluation Tool - International Health Regulations (2005) is intended to assess country capacity to prevent, detect, and rapidly respond to public health threats independently of whether they are naturally occurring, deliberate, or accidental. The purpose of the external evaluation process is to measure country specific status and progress in achieving the targets. The external evaluation allows countries to identify their most urgent health security needs; prioritize opportunities for enhanced preparedness, response and action; and engage with current and prospective

donors and partners to target resources effectively. As of May 2018, 75 countries had participated in a JEE, and approximately two dozen had progressed to developing national action plans based on the JEE findings. (For more information, see http://www.who.int/ihr /procedures/mission-reports/en/ and https://extranet.who.int/sph/)

- **Measuring success in health security:** Several organizations have been working to identify the best methods for monitoring improvements in global health security and identifying appropriate metrics. This includes an effort by Harvard University focused on global indicators as well as an NTI/Johns Hopkins University/The Economist Intelligence Unit effort focused on a national level index. In Spring 2018, the World Bank and the WHO launched a new Global Preparedness Monitoring Board (GPMB). The GPMB will identify and prioritize gaps and then work to enhance coordination in strengthening pandemic preparedness. (For more information, see http://www.who.int/news-room/detail/24-05-2018-who-and-world -bank-group-join-forces-to-strengthen-global-health-security)

Strengthening International Response and Assistance:

- **WHO Health Emergencies Programme:** Following the 2014-2016 West Africa Ebola outbreak, WHO Member States requested and approved the new Health Emergencies Programme, adding operational activities to WHO's traditional technical and normative roles in order to enhance preparedness and response activities. This program has strengthened over the past two years, adding staff and building rapid response capacity. Improving outbreak management and performance remains a top priority of the organization. (For more information, see http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_5-en.pdf).

- **Financing emergencies:** The World Bank group launched the Pandemic Emergency Financing Facility (PEF) in 2017, as a fast-disbursing global financing mechanism to respond to emerging pandemics. In addition, the WHO manages the Contingency Fund for Emergencies (CFE), which has already been used to support the response to over four dozen events. (For more information, see http://www.worldbank.org/en/topic/pandemics/brief/pandemic-emergency-financing-facility;and http://www.who.int/emergencies/funding/contingency-fund/en/)

- **Coalition for Epidemic Preparedness Innovations (CEPI)**: Effective and available medical countermeasures are a critical element of outbreak response, but do not exist for all diseases with significant epidemic potential. Founded in 2017, CEPI seeks to overcome barriers to the development of vaccines for high-consequence epidemic diseases through a new funding model, with the explicit goal of assuring affordable access to all. Its initial efforts are targeted at the MERS-CoV, Lassa, and Nipah viruses. (More information can be found at cepi.net).

Addressing the Threat of Biological Weapons Use: In 2017-2018, several efforts began specifically addressing preparedness and response to deliberate biological events

- The BWC Implementation Support Unit initiated an Article VII project designed to strengthen policy coordination and resource sharing amongst international

organizations; improve international coordination at the operational level; and develop operational procedures and tools.

- The United Nations Office of Counterterrorism is engaged in a multiple year effort to ensure effective interagency operations and coordination in the case of a chemical or biological attack.
- The World Health Organization is developing internal processes to clarify and strengthen its capacity to respond to a deliberate biological event. The WHO is also working to update the Public Health Response to CBW guidebook, last updated in 2004.
- The UN Office of Disarmament Affairs, with the support of interested UN member states, has been working to identify and address planning, training, logistical, and other needs to ensure the operational readiness of the UN Secretary General's Mechanism for investigating alleged use of biological and chemical weapons for responding to a deliberate biological event.
- The World Organization for Animal Health (OIE) in March 2018 published *Guidelines for Investigation of Suspicious Biological Events* to assist national veterinary services in preparing for and investigating such events (available at http://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/Guidelines_Investigation_Suspicious_Biological_Events.pdf)
- Academic groups are conducting research and developing tools to identify best practices for requesting assistance, coordinating global response activities, and mapping global systems for response to deliberate biological events.

4. The United States encourages States Parties at their 2018 annual meeting to welcome these ongoing international, inter-governmental, regional and national efforts to both strengthen capacity to respond to naturally occurring public health emergencies, and explore the particular challenges of response to deliberate biological events. States Parties should seek to draw upon the findings and experiences of these initiatives where relevant, and to approach the challenge of building preparedness and response capabilities and effective, coordinated assistance as a shared effort. It is important for the BWC community to be aware of the work that other entities have already done in identifying the obstacles to preparedness and response to biological threats, and searching for solutions to those difficulties. States Parties can save time and resources by acknowledging these efforts in other fora and studying their conclusions, which will allow them to prioritize their own work and make more rapid progress to identify and close any remaining gaps. States Parties should build upon these initiatives to advance preparedness and response activities in the BWC context and help to ensure that in the event of a deliberate biological attack, we can work together to rapidly and effectively respond.

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Exploration of approaches by which States Parties, individually or collectively, might contribute to the strengthening of international response capabilities for infectious disease outbreaks, whether natural or deliberate in origin

Australia's Health Security Initiative: Strengthening regional response capabilities for infectious disease outbreaks

Submitted by Australia

I. Background

1. Under the Biological Weapons Convention Article VII, State Parties undertake to provide or support assistance, in accordance with the United Nations Charter, to any Party to the Convention which so requests. These obligations need to integrate seamlessly with other international obligations such as the International Health Regulations (2005) [1]. To date, the majority of our experience in the provision of support has been in response to natural outbreaks. However, what has been learned is relevant and directly applicable to responding to a deliberate event. In this regard, there are several key factors important in building and retaining the ability to respond in a timely and coordinated fashion to natural or deliberate events. These factors include Parties having well-equipped laboratories, functional surveillance systems able to detect and report diseases of importance, and a skilled workforce across the spectrum of laboratory, epidemiology and clinical care. Australia is working with our region through the Regional Health Security Initiative to build strong, integrated and responsive systems. The Initiative also supports BWC Article VII and Article X obligations for the Indo-Pacific region.

II. Introduction

2. Globally, epidemics and emerging or re-emerging infections are threatening population health as well as adversely impacting on travel and trade in our increasingly

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interconnected world. Many epidemic threats, such as cholera, yellow fever and dengue, create significant challenges for the health systems of low-resource countries. Other threats, such as the 2009 pandemic A/H1N1, the Ebola Viral Disease epidemic in West Africa in 2014-2016, and the rapid emergence of Zika virus in South America in 2015, have demonstrated the potential of new pandemics with global impact and highlight **the need for improvements in global outbreak detection** [2, 3]. This is of direct relevance to MX4, with its focus on assistance, response and preparedness and the exploration of approaches by which States Parties might contribute to the strengthening of international response capabilities for infectious disease outbreaks.

3 In addition to natural disasters such as earthquakes and flooding events that may result in epidemics in affected populations, the risk of accidental or intentional release of biological agents is a further threat to global health security. Epidemics, recurrent or unanticipated, add to the heavy burden borne by health services already struggling to cope with the major diseases of poverty such as tuberculosis and malaria, and the growing impact of non-communicable diseases such as diabetes.

4. The revised International Health Regulations (2005) that entered into force on 15 June 2007 represented a paradigm change in terms of shift from **control of borders to containment at source** and a departure from a focus on listed diseases to awareness of all potential public health threats. The International Health Regulations are an international legal instrument that is binding on 196 countries across the globe, including all Member States of the World Health Organization [1]. The aim of the IHR (2005) is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

5. Under the IHR (2005), Member States have the responsibility to develop the capacity to detect, assess, respond and report to the World Health Organization any public health event of potential international concern. These may include events of a natural or a deliberate nature. This responsibility mirrors that of Article VII of the BWC whereby States Parties are under an obligation to assist upon request States that have been exposed to a danger as a result of a violation of the BWC. The ability to meet these requirements relies on countries having in place **robust and functional public health surveillance and laboratory systems as well as a sufficient and appropriately trained work force**. Rapid detection depends upon effective disease surveillance systems [4].

6. Since the introduction of the IHR (2005), resources have increasingly been committed worldwide for the prevention and treatment of infectious diseases. Further, in recent years there has also been a particular increase in attention for **medical laboratory strengthening**, both from the perspective of improving patient care and in terms of improving public health surveillance [5]. **The diagnosis and management of any infectious disease starts with an accurate laboratory test reported in a timely fashion**. Inadequate laboratory services and ineffective surveillance can lead to, amongst other adverse outcomes, unnecessary expenditures in resource-poor settings; inability to determine the true prevalence of disease; ineffective treatment particularly in terms of inappropriate use of antibiotics; increased but avoidable mortality and morbidity.

7. Hence, well-equipped laboratories paired with functional surveillance systems and a skilled and capable workforce are essential for the detection and management of disease whether for routine public health or for epidemic response. Early detection and management of disease outbreaks – whether natural or deliberate in origin - can only be accomplished if **responsive systems** are in place. Enhancing international detection and response capabilities for infectious disease outbreaks are an important mechanism to strengthen implementation of the BWC given the same capabilities would be required to respond to a deliberate event.

III. The Australian Government Health Security Initiative

8. In October 2017, the Australian Minister for Foreign Affairs, the Hon. Julie Bishop MP, launched the Australian Government's Health Security Initiative for the Indo-Pacific region. The Initiative aims to contribute to the avoidance and containment of emerging and re-emerging infectious disease threats with the potential to cause social and economic harms on a national, regional or global scale. In this regard, Australia is working with our partners to **strengthen regional response capabilities** for infectious disease outbreaks, whether natural or deliberate in origin.

9. Australia is well placed to work with countries in Asia and the Pacific to deal with problems such as emerging infectious diseases and antimicrobial drug resistance. Australia has world-class domestic systems for disease surveillance and control in human and animal health and a strong track record of cooperation with the countries of the Indo-Pacific on social and economic development, including primary health care and livestock management.

10. The Initiative is led by Australia's Ambassador for Regional Health Security and is being implemented by the Indo-Pacific Centre for Health Security. With funding of A$300 million over five years (2017-2022), the Initiative aims to inform **evidence-based planning**, help prevent avoidable epidemics, **strengthen early detection capacity**, and **support rapid, effective national and international outbreak responses**. It will meet these objectives by accelerating research on new drugs and diagnostics, expanding partnerships at the national, regional and global level to strengthen human and animal health systems, and deepening people-to-people linkages that build national and regional health security capacity.

11. The Centre is approaching all work objectives from a One Health perspective. That is, **capacity building and workforce strengthening across both human and animal laboratories** and surveillance systems. Key components of the initiative currently under implementation include **strengthening effective working relationships and international cooperation**. The Initiative is investigating laboratory 'twinning' whereby laboratories in the Region will be assisted and mentored by high-quality laboratories in Australia. The Initiative provides funding for Product Development Partnerships to develop innovative treatments and diagnostics for malaria and tuberculosis, as well as vector control for mosquito-borne diseases. In addition, the Initiative supports a new Health Security Fellows Program for students in the ASEAN region to receive a world-class post-graduate qualification in field epidemiology in collaboration with hands-on training via a public health placement in their country. These integrated activities serve to develop skills at country level and facilitate the sharing of knowledge and experiences for the rapid detection and response of public health events of potential international concern.

IV. Conclusion

12. Australia's BWC-related cooperation and assistance makes a strong contribution to public health and disease prevention, surveillance and detection, international cooperation in the biological sciences and improvements in biosafety and biosecurity. The Initiative advances Australia's interests in the BWC, particularly with regard to the implementation of Article VII and Article X via the provision of capacity-building support at country level in the Region.

13. The BWC is key part of the global non-proliferation and disarmament architecture. While the international community has not had to respond recently to deliberate use, the risk of deliberate use remains. What we know about effective responses and preparedness

comes from natural, not deliberate outbreaks. However, in many respects, the detection and subsequent response actions will be much the same for a natural or a deliberate outbreak. Both will require strong surveillance systems, laboratories that can run the correct tests, and a workforce able to respond with appropriate action.

14. It is also important that the relevant frameworks - notably the BWC and IHR (2005) – are connected. Given the IHR response mechanisms are more developed, there is a need to encourage those people working in this field from a public health perspective to be aware of the security dimension and the BWC framework and work collaboratively to support it. In keeping with this need to build an integrated response capacity, the UN Secretary-General's Mechanism for Investigation of Alleged Use of Chemical and Biological Weapons (UNSGM) has highlighted the need to build an improved operational capability to launch promptly, conduct efficiently and report accurately and investigation of alleged BW use in response to a request from a UN Member State.

15. This BWC experts meeting can help us to strengthen responsiveness by sharing experiences, lessons learned and best practice. Key programmes such as Australia's Health Security Initiative demonstrate how enhanced international cooperation and assistance for public health capacity and response can also help reinforce the security objectives of the BWC.

V. References

1) International Health Regulations (2005), 2nd edition. Geneva: World Health Organization; 2005. See also: http://www.who.int/topics/international_health_regulations/en/

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BWC/MSP/2018/MX.4/WP.7

Meeting of the States Parties to the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction

6 August 2018

English only

2018 Meeting
Geneva, 4-7 December 2018

Meeting of Experts on Assistance, Response and Preparedness
Geneva, 14-15 August 2018
Item 7 of the provisional agenda
Procedures, including the establishment and use of the assistance database, to improve the prompt and efficient response without preconditions to a request of assistance by a State Party under Article VII, and coordination and cooperation among States Parties and with relevant international and regional organizations such as World Health Organization (WHO), World Organisation for Animal Health (OIE), Food and Agriculture Organization (FAO), as appropriate

Strengthening Cooperation among States Parties and Relevant International Organizations in Response to Deliberate Spread of Infectious Diseases

Submitted by Japan

Co-sponsored by the Netherlands and the United Kingdom

I. Introduction

1. Since its entry into force, the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and their Destruction (hereinafter "BWC") has played a significant role in the elimination of biological and toxin weapons while also working as an effective deterrent. Although the BWC is effective, its effectiveness could be further strengthened when combined with other frameworks and measures.

2. This working paper recommends strengthening collaboration between the BWC and international organizations such as the World Health Organization (WHO), the World Organization for Animal Health (OIE) and the United Nations Food and Agricultural Organization (FAO) in support of States Parties which are exposed to emergency as a result of possible violation of the Convention.

II. The Need for Collaboration

3. In such a case as sudden spread of infectious disease, it is hard to determine at the initial stage whether the event has occurred naturally, accidentally or has been caused intentionally.

4. Typically, experts in relevant fields such as doctors and epidemiologists would be dispatched to detect pathogens, provide medical treatment and identify the route of infection. As the outcome of use of biological weapons could cause a public health emergency, it is important that experts in relevant fields are aware of up-to-date information and trends related to biological threats in addition to ordinary public, animal, or plant health issues.

5. At the Seventh Review Conference in 2011, States Parties recognized that health and security issues are interrelated at both the national and international levels. The Conference highlighted the importance of pursuing initiatives in this area through effective cooperation and sustainable partnerships. The Conference noted the importance of ensuring that efforts undertaken are effective irrespective of whether a disease outbreak is naturally occurring or deliberately caused.

6. During the Intersessional Period from 2012 to 2016 and at the Meeting of the States Parties (MSP) in 2017, some States Parties have emphasized the importance of coordination with the WHO, OIE and FAO at an early stage of the outbreak. It would be useful to discuss specific measures to strengthen cooperation with these international organizations throughout the intersessional program 2018 to 2020.

III. Case with WHO

7. As the International Health Regulations (2005) states, WHO is prepared to assist and respond to a public health emergency regardless of the cause whether it is a natural or deliberate outbreak. In order to prepare for all hazards, WHO established an Emergency Response Framework (ERF) -second edition- in 2017 to respond to all sorts of public health emergencies. To date, ERF has not been activated to respond to the deliberate outbreak of infectious virus and toxins. However, this initiative opened a new window for WHO to begin more robust collaboration with BWC States Parties in the BWC framework.

IV. Case with OIE

8. OIE organized a global conference on "Biological Threat Reduction" in June 2015 and in Nov 2017, reconfirming the importance of collaboration among different stakeholders in order to respond to biological threats. Discussion focused on enhancing cooperation among relevant international organizations to take action to strengthen prevention, detection and response (ability) mechanisms for public health and animal disease regardless of whether it is intentionally, accidentally or naturally caused. It is notable that the OIE's Biological Threat Reduction Strategy, which was endorsed at the 2015 conference, stated that the response to disease is the same whether it is directed against natural infection, or deliberate or accidental release.

V. The Role of ISU in Article VII activities

9. At the Sixth Review Conference in 2006, the Implementation Support Unit (ISU) was established and given a mandate which included, inter alia, providing administrative

support to meetings, implementation, universalization of the Convention and exchange of confidence-building measures (CBMs).

10. This mandate was renewed at the Seventh Review Conference. In addition to the tasks given at the Sixth Review Conference, the ISU was requested to establish and administer a database for assistance requests and offers, and facilitate the associated exchange of information among States Parties, and support the implementation by the States Parties of the decisions and recommendations of the Seventh Review Conference.

11. In the last intersessional period between 2012-2015, the ISU has actively played an important role in keeping contact with relevant international organizations such as WHO, OIE, FAO, INTERPOL and the International Committee of the Red Cross. The Meetings of Experts (MX) and MSP, and a Review Conference in last 5 years have seen the participation of their staff and they also participated in relevant workshops.

12. There has clearly been increased communication with relevant international organizations due to the ISU's enthusiastic efforts and regular communication. These close communications are important as States Parties can learn from the experiences of international organizations, in particular their successes and failures in managing various emergencies and providing support to States Parties. The effectiveness of the BWC could be further enhanced and strengthened by establishing an effective coordination procedure among States Parties, relevant international organizations in the event of the incident involving biological agents.

VI. Proposal

13. The awareness of the importance of the cooperation with international organizations has grown among stakeholders and numerous initiatives have already been taken by State Parties and the ISU. In order to further facilitate cooperation, this working paper recommends that the States Parties consider the following in the intersessional process in order to strengthen preparedness for biological threats:

(a) continue to take advantage of the knowledge and experience of experts from relevant international organizations such as WHO, OIE and FAO in future discussions within the BWC on science and technology developments and on assistance, response and preparedness in view of effectively responding to sudden outbreaks. The relevant international organizations as well as the ISU are also encouraged to report their relevant activities in the BWC meetings as required. By doing so, States Parties and relevant international organizations will be better able to take necessary countermeasures if required;

(b) consider coordination procedure between the BWC States Parties and relevant international organizations in the event of a public, animal or plant health emergency so that smooth and swift action and exchange of information are possible; and

(c) encourage and support the ISU to facilitate coordination and cooperation among States Parties and relevant international organizations to effectively respond to public health emergencies caused by violation of the Convention. Increased human resources and mandate may be required for the ISU with relevant experience in such organizations.

14. We consider that the measures recommended above could enhance the capability to counter outbreaks of human, animal or plant disease, whether natural, accidental or deliberate and thereby achieve effectively the requirements of the BWC.

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Geneva, 14-15 August 2018
Item 4 of the provisional agenda
Practical challenges facing the implementation of Article VII, and possible solutions

A contribution to the discussions on the practical challenges facing the implementation of Article VII, and possible solutions

Submitted by Canada

I. Introduction

1. This paper aims to contribute to the discussion, within the Meeting of Experts "MX4", on the agenda item of "Practical challenges facing the implementation of Article VII, and possible solutions." It expands on some of the challenges highlighted in an earlier working paper submitted by Canada, the United Kingdom of Great Britain and Northern Ireland and the United States of America.[1] It focuses in particular on challenges that the deliberate nature of an outbreak, and the (possible) related invocation of Article VII of the Biological Weapons Convention (BWC) by the State(s) subject to an attack with biological

[1] BWC/MSP/2017/WP.20, dated 5 December 2017: Responding to deliberate biological release: the requirements for effective, coordinated international action. The following Working Papers on Article VII issues have also been submitted by the United Kingdom of Great Britain and Northern Ireland, and the United States of America: BWC/MSP/2018/MX.4/WP.2, dated 26 July 2018; BWC/MSP/2018/MX.4/WP.5, dated 27 July 2018; BWC/CONF.VIII/WP.38, dated 14 November 2016; BWC/CONF.VIII/WP.39, dated 14 November 2016; BWC/CONF.VIII/PC/WP.14, dated 19 July 2016; BWC/MSP/2015/MX/WP.1, dated 6 July 2015; BWC/MSP/2015/MX/WP.2, dated 6 July 2015; BWC/MSP/2014/WP.1, dated 21 November 2014; BWC/MSP/2014/WP.1/Corr.1, dated 24 November, 2014; BWC/MSP/2014/MX/WP.3, dated 24 July 2014; BWC/MSP/2014/MX/WP.1, dated 2 July 2014; BWC/MSP/2014/MX/WP.5, dated 25 July 2014; BWC/MSP/2013/WP.2, dated 3 December 2013.

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agents, could pose for the international response, including as regards the possible involvement of the United Nations (UN) and relevant international organizations.

II. General challenges deriving from the lack of operationalization of Article VII of the Biological Weapons Convention

Invoking Article VII: Decision-making

2. It has been stressed that the decision by a BWC State Party to invoke Article VII might be affected by the many uncertainties and the high political implications that activation of this provision could imply.[2] Invoking Article VII might raise politically sensitive issues, as it would imply a major violation of the Convention and the involvement of the UN Security Council, which could consider the situation under Chapter VII of the United Nations Charter.[3] It has been further argued that invoking Article VII in the absence of clear procedures may create political and legal uncertainties and may complicate the assistance process.[4]

3. As much as there might be drawbacks in triggering Article VII, there are also clear benefits. A determination under Article VII could act as an empowering element, focusing attention and resources on the response as it would give a clear signal of the seriousness and implications of the situation. This was the effect of the establishment of the UN Mission for Ebola Response (UNMEER) in September 2014, which "played a catalytic role in mobilizing the necessary financial and human resources to scale up the response."[5]

4. Article VII could also be invoked to encourage cooperation by States Parties: for example to ensure that specific types or items of assistance going beyond typical humanitarian assistance (such as forensic or logistical assets often in the domain of the military) be provided, or to overcome operational hurdles.

Submitting an Article VII request

5. A request pursuant to Article VII needs to be brought to the attention of both the other BWC States Parties whose assistance is sought, and the UN Security Council for the purpose of deciding whether the requesting State Party has been exposed to danger. However, no guidelines, templates or procedures exist for the submission of such a request. Some attention has been focused on this issue by BWC States Parties in recent years. At BWC meetings in 2014, 2015 and 2016, South Africa submitted working papers containing, *inter alia,* a proposal for a set of guidelines on information that could accompany a request for assistance pursuant to Article VII.[6] As regards the indication of the

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[2] This emerged from a table-top exercise organized in 2016 by UNIDIR and the FRS principally aimed at reflecting on the decision-making processes that could lead to a State Party invoking Article VII. The report on the exercise is available at https://www.frstrategie.org/web/documents/publications/autres/ 2017/2017-nexon-btwc-report.pdf.

[3] *Id., inter alia* p. 9.

[4] *Id.*

[5] See, "Lessons learned exercise on the coordination activities of the United Nations Mission for Ebola Emergency Response", A/70/737, dated 4 March 2016, p. 15, para. 16.

[6] Most recently and in preparation of the 2018 Meeting of Experts on Assistance, Response and Preparedness, South Africa submitted a further refined proposal on the implementation of Article VII,

assistance required, Canada has previously asserted that "in terms of specifying what assistance might be needed, the South African template, first proposed and then up-dated in the BTWC intersessional meetings and at the Eighth Review Conference, should be adopted."[7] Pending the adoption of an agreed procedure, however, choosing how to bring a request to the attention of other States Parties and the UN Security Council is the prerogative of the requesting State Party.

Delivering assistance pursuant to Article VII

6. Response to a disease outbreak, either natural or deliberate, is first and foremost a national endeavour, with States bearing the primary responsibility. In situations where the requirements for a response exceed, in various areas and degrees, one or more States' capability, other States and international organizations with a relevant mandate, as well as other responder actors with relevant expertise and capabilities, might support national response efforts upon request from the concerned State.

7. The Eighth Review Conference also recognized that "States Parties bear the responsibility for providing assistance."[8] The Convention, however, provides no mechanisms for coordinating this assistance, comparable to the mechanisms established pursuant to Article X of the Chemical Weapons Convention (CWC). States Parties' offers of assistance could also be coordinated through other mechanisms, such as the World Health Organization (WHO).

8. In their negotiated common understandings on the interpretation of Article VII, moreover, BWC States Parties stated that they would look to the UN and other relevant international organizations for support in coordinating and delivering assistance. At the Eighth Review Conference, States Parties specified that the UN could play "a coordinating role in providing and delivering assistance under the Convention, with the help of States Parties, as well as the appropriate international organizations."[9] States Parties referred specifically to the WHO, the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the UN (FAO), and the International Plant Protection Convention (IPPC Secretariat),[10] and noted that "the capacities and experiences of UN and relevant international organizations should be identified and used, within their mandates, when required and upon request of the concerned State Party."[11] At the same time, little attention has ever been paid to what this "important coordinating role" by the UN could entail, and which parts of the Organization would be involved.

9. It has also been stressed before, including by Canada, that major gaps currently exist at the international level regarding coordinated response capabilities to a potential deliberate use of biological agents. There is neither a lead organization nor comprehensive international mechanisms that would ensure the overall coordination of various actors with a relevant mandate and their activities. The current lack of mechanisms or procedures to activate assistance under Article VII exacerbates these complexities. Effective international

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see BWC/MSP/2018/MX.4/WP.3, dated 26 July 2018. Additionally, South Africa submitted a Working Paper on the 'Provision of assistance to a State Party that has been exposed as a result of a violation of the Convention', see BWC/MSP/2018/MX.4/WP.4, dated 26 July 2018.

7 See BWC/MSP/2017/WP.20, dated 5 December 2017, p. 3. See also BWC/CONF.VIII/WP 34, Implementation of Article VII, Submitted by South Africa, 10 November 2017, para. 11.

8 BWC/CONF.VIII/4, Final Declaration, G. Article VII, para. 36.

9 BWC/CONF.VIII/4, Final Declaration, G. Article VII, para. 37.

10 *Id.*

11 *Id.*, para. 39.

and inter-agency cooperation, even beyond "usual" partners, possibly in an Article VII context, is therefore essential. These specific issues are currently being considered within a project conducted by the United Nations Office for Disarmament Affairs (UNODA) aimed at 'Strengthening global mechanisms and capabilities for responding to deliberate use of disease'[12] funded by Canada through its Weapons Threat Reduction Program.[13]

III. General challenges for an international response deriving from the deliberate nature of an outbreak and from a request of assistance pursuant to Article VII

Determining whether an event is deliberate

10. The complexities of determining whether an outbreak is deliberate or natural, and at which point in the phases of an outbreak a deliberate event would be recognized as such, represent crucial junctures in a deliberate use context. In this connection, the capacity to understand, at the earliest, if an outbreak could be the result of deliberate actions needs to be further developed. Sensitizing States towards reporting suspicious or potentially suspicious events is also important.

11. At the same time, a deliberate event could be either covert or overt, with the perpetrator(s) claiming responsibility, while an authoritative determination could come from the Security Council should a request be raised under Article VII of the BWC. However, the timeline in which this determination could be made is undefined, while the mere fact that a serious allegation of use is made when raising an Article VII request would imply that response operators would begin considering the event as – at least – potentially deliberate and adjust their operating modalities accordingly.

Change of context

12. In general terms, response and technical activities of responder actors would essentially remain the same in the case of deliberate use. The mechanisms for detecting and responding to outbreaks of disease in humans, animals and plants are essentially the same, whether the origin of the outbreak is a natural event, accidental or a deliberate release. However, the level of exposure and international attention to the situation would change

[12] In coordination with the UN Office of Counter-Terrorism (UNOCT), this work also builds upon relevant work within the UNOCT "Project on Ensuring Effective Inter-Agency Interoperability and Coordinated Communication in Case of Chemical and/or Biological Attacks". For project outcome documents, see *"Ensuring Effective Inter-Agency Interoperability and Coordinated Communication in Case of Chemical and/or Biological Attacks"*, UN, New York, 2017 (at https://www.un.org/counterterrorism/ctitf/sites/ www.un.org.counterterrorism.ctitf/files/UNCCT_CTITF_WMD_WG_Project_Publication _FINAL.PDF).

[13] Canada's Weapons Threat Reduction Program (WTRP) supports international efforts to reduce the threat of CBRN proliferation and terrorism. The Program was established in 2002 (initially as the Global Partnership Program) to fulfil Canada's commitments to the G7-led *Global Partnership (GP) Against the Spread of Weapons and Materials of Mass Destruction*. Since 2002, the Program has supported more than $1.3B in programming. As 2018 chair of the now 31 country Global Partnership, Canada has prioritised strengthening global mechanisms for responding to and investigating the deliberate use of disease as a weapon.

considerably.[14] Particularly, an Article VII request would increase such complexity. The involvement of the Security Council, possibly under Chapter VII of the UN Charter, and possible accusations from one State against another, would imply a highly politically charged context.

13. A deliberate event, and possible allegations of an attack against a State might also present responder actors with an uncooperative approach by the concerned State(s), particularly where, in a biological attack scenario, one or more bordering States might not be willing to cooperate with each other, for example when one of them is under suspicion of having carried out the attack.

14. At the same time, with the involvement of the security sector, different actors would be involved. In a major deliberate event threatening national security, and particularly in an Article VII context, the national law enforcement authorities as well as the defence authorities of the concerned State would probably take the lead and represent one of the main, if not the main, channel of communication for responder actors.

Security elements

15. Security elements in a deliberate context derive from the involvement in response operations of the security sector, namely, on the one hand, both: i) the military engaged in military (*i.e.* not humanitarian) operations; ii) law enforcement authorities engaged in domestic criminal investigations aimed at identifying and prosecuting the person(s) responsible for the use of biological agents within the relevant national jurisdictions; and, possibly, iii) international teams engaged in fact-finding, aimed at establishing relevant facts to confirm the use of biological agents.

16. In general terms, the relationship between humanitarian, health and security operators, both at national and international levels, in a politically charged environment might raise specific hurdles due to the need for the former to maintain their neutrality and impartiality, while operating in the field at the same time as, and possibly in cooperation with the latter.[15] This challenge might be of particular relevance in a situation where the militaries might deploy in a confrontational situation between States, possibly within a conflict, with security tasks. The distinction between the involvement of the militaries in humanitarian operations (with logistical, medical or other support) and their security operations might become blurred, particularly if a deliberate use were to be confirmed, and an Article VII request submitted.[16] At the same time, while guidelines have been developed for the use of military assets in humanitarian operations while preserving the impartiality and neutrality of humanitarian operators, it is worth exploring further whether they would be fully suitable for an Article VII situation.

17. Routine activities by the health and humanitarian sector, moreover, would acquire a different value in a situation where either domestic or international investigations were to be carried out. Information, such as medical records, medical or other interviews, biomedical or environmental samples that the responder organizations might collect would

[14] This challenge has been underlined several times by WHO Health Security Interface representatives at the various meetings.

[15] See, e.g. UNOCT interagency interoperability project, fn. 12, supra, Scenario-based Gap Analysis Executive Summary, pp. 13 and 18. On this aspect see also BWC/CONF.VIII/PC/WP.39, particularly pp. 7.

[16] See also Wilton Park, Report, "Responding to deliberate biological release: the requirements for effective, coordinated international action," Wednesday 27 – Friday 29 September 2017 | WP1556, p. 6.

represent "evidence" from the perspective of a national criminal or an international investigation. Routine activities by non-security actors might risk affecting the work of the security sector, while the work of security actors might negatively impact on humanitarian and public health operations, for example reducing access to communities, areas or important response information or resources.[17]

Information exchange

18. Most importantly, a security environment might restrict or compromise the ability to exchange information among responder actors. On the one hand, information relevant for response operations could become restricted or sensitive due to security requirements. On the other hand, the humanitarian and health community might not wish to share information at their disposal, *e.g.* patient or victim data, with the security community.

19. In this connection, it is of key importance to ensure the timely release of restricted information that can be crucial for response operations.

Operational/logistical challenges

20. On the other hand, security aspects could arise with respect to the situation on the ground, with different degrees of permissiveness, due to possible ongoing tensions and hostilities, the risk of additional attacks, and/or the risk of an environment contaminated with biological agents. This poses specific risks for the health and security of personnel operating on the ground.[18]

21. A non-permissive situation in the field would likely also create a series of logistical challenges, from the perspective of the responder's ability to both deploy and retain international teams to the affected areas.

22. Contamination, moreover, would require higher level of personal protection, as well as heightened containment and disinfection measures. Experiences from previous missions in response to natural outbreak scenarios have highlighted potential challenges with respect to the short notice procurement of (enhanced) protective equipment as well as other required gear. Difficulties could also arise with regard to the availability of effective medical countermeasures (such as vaccines) and the ability to dispatch them to the affected areas.[19] Concurrently, fear of exposure and infection would be an important factor adding to the complexity, including for the desire of the local communities to leave affected areas.

23. A transboundary spread of the outbreak would have an important impact on response efforts. Requests for assistance could be raised also by other States Parties, requiring additional resources from the responder actors, which would also need to adapt to different operational contexts. Aspects related to the control of transboundary movement of people, by air, land and sea would acquire critical relevance.

24. Overall, the above-mentioned security, logistical and other challenges might result in a considerable reduction of the operational capabilities of responder actors.

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[17] See, *e.g.*, the Working Paper circulated by the International Committee of the Red Cross, BWC/CONF.VIII/PC/WP.39, dated 16 August 2016, p. 6.

[18] See, *id.*, p. 3.

[19] See also Wilton Park, Report, "Responding to deliberate biological release: the requirements for effective, coordinated international action," Wednesday 27 – Friday 29 September 2017 | WP1556, p. 9.

IV. Conclusions

25. The general challenges described above call for action in a number of important areas. First and foremost, States Parties to the Biological Weapons Convention need to agree on procedures aimed at operationalizing the provisions of Article VII of the Convention. The discussions and deliberations in the context particularly of MX4 and more in general during the inter-sessional process will offer an important opportunity for promoting tangible progress in this important area.

26. Exercising is also essential for ensuring preparedness to respond to deliberate outbreaks of disease. Canada has made contributions in this area as well, by sponsoring various table-top exercises, including among relevant international organizations.

27. Ensuring effective cooperation by States with international organizations and among these institutions is crucial. Various activities supported by Canada involving relevant international organizations, including the above-mentioned UNODA project, represent a contribution in that direction.